

DR. ALEX W. CAVINS

An Interview Conducted by
Joyce Lakey Shanks
November 5, 1980

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"WORKS OF REFERENCE"

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NARRATOR DATA SHEET

Name of narrator: Alex W. Cavins, M.D.

Address: R.R. 25, Box 172, Terre Haute, IN Phone: 894-2991

Birthdate: July 13, 1900 Birthplace: Terre Haute, IN

Length of residence in Terre Haute: 60 years (lived in Indianapolis from 1907 to 1927)

Education: Shortridge H.S., Indianapolis, 1917; AB Butler, 1921;
M.D. Johns Hopkins School of Medicine, 1925.

Occupational history: Residency Hartford Hospital, Hartford, Connecticut.
Set up practice in Terre Haute, 1927 in general surgery at
AP & S Clinic. In 1937, he confined practice to OB-GYN.

Special interests, activities, etc. Photography, fishing, reading,
writing (consulting editor of Journal of Indiana State Medical
Association), travel, board of directors of Friends of Library,
Historical Society.

Major subject(s) of interview: Practice of medicine in Terre
Haute beginning in 1927.

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11/05/80	2-5 P.M.	Interviewee's home	Joyce Shanks

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DR. ALEX W. CAVINS

Tape 1

November 5, 1980

Dr. Cavins' home, R.R. 25, Box 172, Terre Haute, Indiana 47802

INTERVIEWER: Joyce L. Shanks

TRANSCRIBER: Kathleen M. Skelly

For: Vigo County Oral History Program

GVCP 191

JS: This is Joyce Shanks and we're in the cozy living room of Dr. Alex W. Cavins at R.R. 25, Box 172 in Pierson Township, Vigo County Indiana. Dr. Cavins is retired now, but he spent 49 years as a surgeon and Ob-Gyn obstetrics-gynecology man in Terre Haute, and we're going to be talking to him about the medical history of our community.

Dr. Cavins, you came to Terre Haute to practice surgery around 192_ . . .

CAVINS: Twenty-seven.

JS: 1927, and at that time you started at the P & S Associated Physicians and Surgeons Clinic.

CAVINS: Yep.

JS: And what was the clinic like in those days? How many physicians were there and who were they?

CAVINS: Well, I have to count them here. One, two, three, four, five, six, seven, eight, nine . . . Well, the men who were there at the time I started were: J. H. Weinstein, W-e-i-n-s-t-e-i-n; Frank H. Jett, J-e-t-t; H. J. Pierce, P-i-e-r-c-e; John R. Gillum, G-i-l-l-u-m; W. G. Crawford, C-r-a-w-f-o-r-d; Stephen C. Bradley, B-r-a-d-l-e-y; Ernest O. Nay, N-a-y . . . let's see, I'm going to count them up. And there also was one doctor who was a woman -- Etta B. Selsam, S(as in Samuel)e-l-s-a-m. Besides that, we had a dentist, Francis, F-r-a-n-c-i-s, D'enbeau, D-e-n-b-e-a-u.

JS: O.K. And the clinic . . .

CAVINS: I don't know how many that is.

JS: The clinic had been established when?

CAVINS: Let me see if I've left anybody out. I'm trying to remember when John Connelly came in. I think . . . I can't remember if Connelly was already there when I arrived there or came in later. I think . . . oh, yes, there was another named Joseph

CAVINS: Bloomer. Also, we had a man to do general practice named [Joseph] Bloomer, B-l-o-o-m-e-r, who later went to Rockville. Dr. Gillum had with him in his eye, ear, nose and throat department, Dr. John J. Connelly, C-o-n-n-e-l-l-y. Dr. Weinstein did general surgery [chest surgery] and gynecology; Dr. Jett did general surgery; Dr. Pierce was a radiologist; Dr. Crawford was an internist; Dr. Bradley did pediatrics and some obstetrics. Dr. Nay was a urologist. [Dr. Selsam was the pathologist.] [There were five original] founders of the clinic, [J. H. Weinstein, F. H. Jett, H. J. Pierce, C. N. Combs and John R. Gillum.] Some of [those already mentioned] represented what might almost be called a second generation in the clinic.

The clinic itself originated among a group of doctors who had an office on South 6th Street. I think it was 128 South 6th, where the Ferguson clinic is now. The old building they were in has been torn down long ago. But they had the idea in 1911 that they might be interested in forming a group clinic. There were about six or seven of them in that building, just simply practicing independently in the same building. So Drs. Charlie Combs and J. H. Weinstein went up to the Mayo Clinic and spent two weeks up there, or more, studying that place to see how to organize a group clinic. Then they returned to Terre Haute, and they were very enthusiastic about it. But things like that take time, and it was about 1916 before they had gotten themselves together to know how they wanted to be organized.

Well, about that time . . . very soon after that, of course, World War I came along, and practically all the doctors (I think all except Dr. Jett) got into the military service. And by the time they got back, it was 1920 before the clinic actually could be started as a corporation.

And then in 1922 they knew they had to have larger quarters, and in 1922 they were able to get the old Riley McKeen house, which they bought from the Maumee Collieries, and [so they] moved into that place at 221 South 6th Street that same year.

JS: Yes.

CAVINS: Now, that's it.

JS: O.K. Now when you got there then in 1927, the

JS: clinic had already been going for several years . . .

CAVINS: That's right.

JS: . . . and when you arrived, you became an associate of the two surgeons, Dr. Jett and Dr. Weinstein.

CAVINS: Yes.

JS: And what did you do there?

CAVINS: Well, I first acted more as an assistant to them than I did on my own . . . in the capacity of having my own practice, which came later. And I assisted them at almost all of their operations and looked after their patients in the hospital following their operations until they were ready to go home. And I would also see patients for them in the office upon their return visits to be checked up following surgery.

I gradually acquired a few patients of my own and did some of my own surgical work.

JS: Could you tell us, Dr. Cavins, what Terre Haute was like when you first came here as a young doctor? Did it seem to be a thriving city?

CAVINS: Well, yes. The city was a great deal different. The business was all centered in what they call downtown now from about 2nd Street or 3rd on out Wabash to about 15th Street and then north and south of that only a block or two.

JS: Uh huh.

CAVINS: We had electric streetcars yet running on the streets. And some of the streets in town, you may notice, are wider than others. Those are the ones that had double-track streetcar lines on them.

JS: I see.

CAVINS: And there was one line that ran clear out Wabash Avenue to the Highland Lawn Cemetery, was about the extent of that. And there were lines that ran north. One of them turned around at Collett Park. There were some that ran down to the south end and turned around, as I remember, about Hulman Street.

CAVINS: I'm not sure that one of those lines might not have gone to Voorhees, but they didn't go too far south.

JS: Um hm.

CAVINS: Third Street had streetcar tracks on it -- double track clear down probably to Voorhees.

JS: What about buggy traffic?

CAVINS: Oh, well, there was still a good deal of horse-drawn traffic. But I think most of it really was automobiles and trucks. There were still horse-drawn delivery trucks as well as buggies and things of that kind, carriages. But the most of the traffic was already automotive, and horses were on the way out, of course.

JS: Was there much traffic on the river?

CAVINS: No. Not much on the river.

The main thing we had in town was the railroads as far as outer traffic was concerned. You see there was the C. & E. I. from Chicago down through eastern Illinois, and then it switched over from Danville into Indiana and came down through Terre Haute down to Evansville and hooked on to another railroad down there clear to Florida, just like it does now.

JS: Um hm.

CAVINS: Only it was separate. [It was] composed of several different railroad companies which hadn't quite been consolidated.

Then there was the Big Four -- the C.C.C. and St. L., [which stood for] Chicago, Cleveland, Cincinnati and St. Louis.

JS: Um hm.

CAVINS: That went through here, and it was the railroad that had a double track system. The strange thing was the Pennsylvania had a single track -- at least from here to Indianapolis and I think clear over to . . . in Ohio someplace. But the CCC & St. L., which we called the Big Four, strangely enough, had a double track from Indianapolis, I think, clear over to St. Louis except across the Wabash River. The bridge was

CAVINS: (laughs) single track. And the Pennsylvania, on the other hand, had a single track from Indianapolis to St. Louis; but the bridge across the Wabash was double track.

JS: I see.

CAVINS: Now, you explain that. I never had anybody (laughs) explain to me, but that was a fact.

Then we also had the Milwaukee railroad through here. And during the World War II there was a train through this town of some sort and in one direction or other every twenty minutes all day long and all night long. And if you think that wasn't something --when you were trying to get around town in an automobile and go from the office up to the hospital and cross two railroad tracks and get held up for long freight trains and so on. It really was something!

JS: Well, that way it hasn't changed much, has it?

CAVINS: I know. Well, now it doesn't amount to anything like it did, because there aren't so many trains.

JS: But it sounds as though Terre Haute was thriving when you arrived.

CAVINS: Oh, yeah, it was busy. And the streetcars were used a lot by people. There were also beginning to be a few city buses. But they didn't come in to amount to anything, of course, until the streetcars went out of business, electric cars.

JS: What about taxis? Were there jitney taxis?

CAVINS: Oh, well, we had jitneys, taxicabs, but they weren't . . . they were of considerable importance, yes. Because people that came in on the train and went out on the train and so on used them a great deal, and some people used them to get around town. But most people felt like they couldn't afford a taxicab; they'd get on a streetcar. And you could get on a streetcar and go right downtown to the main street. Practically all of them went down Wabash for a piece and then they would turn and go back on their route. Most of them went . . . most of them stayed [on a given route] one car would stay in the south end and another one in the north end, but they would overlap on their routes.

JS: I wonder what their fares were in those days.
Do you have any idea?

CAVINS: A nickel.

JS: A nickel?

CAVINS: Yep. And I don't remember if they raised it
. . . how high they raised it before the streetcars
went out. But I don't know if it ever got over a dime.
It might have, but in those days you could buy something
for 10 cents.

JS: And what about the interurban that went to
Indianapolis?

CAVINS: Well, I'm glad you mentioned that. The inter-
urbans were another important thing. We had a very
good interurban system in Indiana. There were inter-
urbans that you could get on and go clear across the
state through Indianapolis over to Richmond. You
could go up to Clinton. You could go to Sullivan.
And the service was good and it was fast enough. Those
cars probably went about 50 miles an hour out in the
country.

JS: Um hm.

CAVINS: And they had an advantage over the trains in
that they were not only clean -- they didn't burn
coal like the trains -- but they would stop along
the way. If you wanted . . . you could flag one down.
They'd stop right out in the middle of the country
at given stops. We still have remnants of that like
the road up to Clinton has Stop 16 and this stop and
that stop. But we still use those designations --
at least the people who live up there do -- for
those crossroads and things.

And the same thing going to Indianapolis. They'd
stop for you anywhere. You could go out to Rose Poly
on one -- Rose Polytechnic in those days (now it's
Rose-Hulman). And they would stop there for you
either coming or going; it didn't make any difference.
And, of course, they went through Brazil, and Green-
castle, and Danville, and some of the little towns on
the way. But that was really a very fine transpor-
tation system. And it wasn't unpleasant to ride them
at all.

JS: What do you think made it go out of business?

CAVINS: I don't know except the automobile. I think that was it. People began to get their own cars. They could hop in their car and go where they wanted to. They didn't have to wait and go on a schedule, even a simple one like the electric cars had, the interurbans. And we used to call them traction cars sometimes, or interurbans. That was the two names they used for them.

JS: Um hm.

CAVINS: Well, let me see, what else about them?

JS: O.K. Well, you've given me a little picture of what Terre Haute was looking like in those days. How about . . .

CAVINS: One thing more I'd like to add.

JS: Yes.

CAVINS: On account of this controversy that's going on now between the . . . about the inner city downtown and the shopping centers out in the edge . . . the fringes . . .

JS: Yes.

CAVINS: In those days, downtown thrived very well, because you could hop on a streetcar and go anywhere within a block or two of the store you wanted to shop in downtown. And it wasn't too far to walk from one place to another. I think, as a matter of fact, people walk almost as far now in shopping centers as they used to downtown, if you'd measure the yardage. You don't think it's so far at a shopping center but those tremendous . . .

JS: Malls?

CAVINS: . . . parking lots are pretty extensive. You can walk a hundred yards there with no trouble at all. Or more. I expect from one end to the other of Honey Creek Square is probably 300 yards. Maybe 400.

JS: Sure. I'll bet it is.

CAVINS: And downtown, that would . . . in those old days have covered a good many stores. And, of course,

CAVINS: the system was different. There were many small stores which would sell a particular line of goods.

JS: Specialty types.

CAVINS: You could go to a haberdasher's or you could go . . . ladies could go to a millinery store, and they could go to a dry goods store, and they could go to this and that. And you'd go in there; you knew what they had, and you could go in and get it in much less time than you could go in a department store now and try to find where something is.

JS: Um hm.

CAVINS: Because in those days they had a clerk who would come up and wait on you and you'd get what you wanted and out. And I think you could do your shopping in (laughs) less time than you do now.

JS: (laughs)

CAVINS: Well, so much for that.

JS: I'd like for you to tell us a little about surgery in those days, Dr. Cavins. For instance, you mentioned that the surgery rooms looked about the same but had less sophisticated equipment in them.

CAVINS: Well, it simply wasn't available then. Hadn't been developed. Everything was either just plain . . . most of it was mechanical. There were a few things that were beginning to be electrified, but it was mechanical things run by electricity, by motors. There was nothing electronic then. It's a great deal different -- electronic is -- from electrical.

JS: You mentioned that the surface that the patient was laid on was hand cranked?

CAVINS: Well, on operating tables, the principle of them was the same as what they have now. But they weren't so complicated. You couldn't put the patient in quite as many different positions as you can now. I don't think they were as comfortable for the patient. And in some ways they weren't as convenient for the surgeon, because they have had to develop more complicated operating tables in order to accommodate some of the new procedures like open heart surgery where they have blood pumps and all that kind of thing around. They have to have a place for it. The table

CAVINS: has to accommodate all the tubings and things that go into the patient nowadays and so on. So, you just didn't require as complicated apparatus as we do now.

And it's like the development of the automobile. It used to be, you'd get in your car and you had a brake, and you had a clutch, and you had a steering wheel and an accelerator. In fact, the first cars didn't even have that. They just had what you'd call a throttle up on the wheel. You worked with it by hand and not your foot. Well, now what have you got? You've got your brake, and you've got your clutch if you've got a manual gear shift. But if you've got an automatic transmission, you don't even have that. It's done for you by electricity from the battery in the car. And you have . . . I can remember the first car we ever had. We had to crank it to start it, and so on. Well, now cars are very sophisticated, and the surgery has come along the same line. It is just more and more complicated, things for not only convenience but to save time.

JS: What about the anesthetic, Dr. Cavins?

CAVINS: Well, the anesthesia has changed a great deal. Nowadays they have a great deal of use for closed systems of inhalation anesthesia. In other words, they do what they call intubate the patient; they put a tube down his wind pipe and then it fits tight enough or else they can blow up a little balloon to make it fit tighter. So that the anesthesiologist can control a patient's breathing completely. And in some cases where they want to control it as completely as possible, they even give the patient a shot of stuff like curare which paralyzes his own breathing system, and then the machinery breathes for him.

JS: Um hm.

CAVINS: This has advantages. It's almost 100% necessary in some procedures. And in others it has the advantage that if a patient would happen to vomit, he won't inhale any of that into his lungs because this tube blocks it. It can't go down in there at all because. . .

JS: Um hm.

CAVINS: So . . . however, before that we used to use open methods. For instance, when I first came here,

CAVINS. we were still using some chloroform. We'd drop it on a mask, the patient would breathe it. Now they don't use chloroform any more because they found out it's too toxic to certain things, especially the liver. We also used, of course, more open drop ether where you dropped the ether on a mask over the patient's face, and the anesthetist simply had to know by watching the patient's color and his breathing and the pupils of his eyes, what stage of anesthesia he was in and whether he should have some more ether, or less, and so on.

We also had in those days gas machines which are still used. In fact, essentially they were just the same as the machines they use now except we didn't use the intubation system. The patient still took the anesthetic through a mask that was put over his face like a gas mask. And the oxygen and the nitrous oxide (that's laughing gas) were given in that manner. And we had, of course, the machines fixed so that you could mix those gases in the proper proportion. And, of course, in an earlier day than that, we used to give laughing gas without oxygen. Dentists used to give it to patients when it was first used 'way back then, early 19th century. They'd give it to 'em 'til they were a little blue in the face, and then take the thing clear off, then jerk the tooth out (chuckles). And then pretty soon the patient'd wake up.

JS: (Laughs)

CAVINS But, of course, nowadays you wouldn't do anything like that unless you were in some kind of emergency situation where you couldn't do anything else.

JS: Uh huh.

CAVINS. But there have been tremendous advances. Now when I first came here, we were just beginning to use spinal anesthesia. That's a whole different part of the story from general anesthesia. Spinal anesthesia developed from local anesthesia which means that you [use] a medicine which will numb the nerves so that you don't feel pain, and it's injected through a needle locally right where you're going to operate. And that's why it's called "local," because it acts there.

The spinal anesthesia is just the same because

CAVINS: you block nerves with it in the spinal cord. But it's not local because the place where you block is at some distance from the place where you're going to work.

JS: Um hm. Do you feel that when you first came here the Terre Haute medical community was pretty adept at their profession? Were they pretty much on top of things?

CAVINS. I think we had some pretty good doctors here. The whole . . . the city along with a great deal of territory in this part of the country was deficient in one particular thing that I think of and that was laboratory work. There wasn't a real clinical laboratory capable of doing pathological work (whatever blood chemistry was known at that time, which was considerable, and so on) between Indianapolis and St. Louis except right here at the A P & S Clinic.

JS: O.K.

CAVINS. The hospitals didn't have it. Neither St. Anthony's nor the Union Hospital had a real clinical laboratory. They did blood counts, and they would do some . . . well they would do a urinalysis, and they would do hardly any blood chemistry though. And we used to bring blood down to the clinic from the hospital for Dr. Selsam to do blood chemistries on. When we did our surgery, we used to bring specimens down --that we took out of a patient -- from the hospital to the clinic. And Dr. Selsam would make sections and do the pathological work on them. Part of my job, incidentally, with these two surgeons that I worked with, was to bring all the specimens down to the clinic. And after while, of course, it wasn't too much longer after that, that the hospitals began to get their own laboratories. And then, from then on, why it's developed tremendously. And now, when you go to a hospital, a big part of your bill is laboratory work.

JS: Um hm.

CAVINS: Sometimes the biggest (laughs) part. Sometimes the biggest! But when I first came here that wasn't on the (laughs) hospital bill.

JS: Tell me, were the doctors organized into a medical society when you first came here?

CAVINS: Oh, yes, they'd been organized for a long time. We had a local society here. I don't remember the year it was first organized, but I think it must have been back about 1847 or '50 or somewhere in there. The American Medical Association was organized in 1847; and then there's a local medical society here, which isn't very much known outside of this area, called the Aesculapian Society of the Wabash Valley.

JS: Yes?

CAVINS: Which was chartered in Illinois -- on that side of the river -- in 1846. So it's the oldest medical society at the present time west of the Allegheny Mountains.

JS: And is it still active?

CAVINS: It's still in existence and still active. [It] meets once a year (they used to meet twice a year) and its membership comes from both Illinois and Indiana on both sides of the Wabash River. I would say from a level about as far north as Danville, Illinois, and down to Lawrenceville and Vincennes in that area, and it'll go from possibly Clay County on over into Illinois. . . well, doctors can belong to it if they want to from even farther east than Clay County if it's considered in the Wabash Valley. But in Illinois it goes a little farther over because of the way the rivers drain and so on -- the valley itself. That's a very interesting organization and the library has material on that now. So if you're interested in it, they can give you some information on it.

JS: O.K. Were the doctors . . .

CAVINS: Well, there's another society we had here that was very important in Terre Haute. We hear nowadays so much about CME, which means "continuing medical education."

JS: Yes.

CAVINS: That is continuing after medical school and hospital work. In 19 . . . about 1922, I believe it was, there were several of the men here in Terre Haute who were doing the best work and probably most of it, too. But the men who were at all specialists in the different lines got together and started what

CAVINS: they called the Terre Haute Academy of Medicine. It is still going, but the nature of it has changed. At first it was simply a separate medical organization. But they had themselves a -- you might call -- a private club or something like that possibly because membership was by invitation. And, later, after World War II (about that time, I've forgotten the exact year when it was changed) it became connected with the Vigo County Medical Society. It is now, and has been since then, what you might call the post-graduate education branch of the Vigo County Medical Society. It still is a separate organization though, in one way, because there still is a Terre Haute Academy of Medicine. [It] has its own officers and so forth, and corresponding secretary, and they arrange for speakers to come here from other parts of the country. Generally, [these are] university professors and so on [who come] every month to give the local doctors lectures on different subjects.

JS: O.K. Were the doctors at that time heavily involved in socializing, too. I mean did the doctors sort of stick together in the social community of Terre Haute? Or did they scatter themselves out?

CAVINS: Yes and no. I don't think the doctors ever have had a . . . belonged to what you'd call a social clique at all. They do have meetings of their own. Once in a while, we used to put on some social activity in connection with the medical society.

JS: Were they involved in community . . .

CAVINS: In fact, once a year years back . . . we don't do it any more, [but] years ago once a year we used to have what they called the "Annual Annual" which was a meeting in January which was conducted a good deal like the Gridiron of the Press Club in Washington, D. C. . . .

JS: Oh, yes.

CAVINS: . . . where they'd get together and razz each other and poke fun for whatever mistakes or difficulties the members might have gotten into during the past year. And we had a great deal of fun at that. And it not only was fun, I think it actually did (laughs) some good. But aside from things like that, there was no social elite as far as Vigo County doctors were concerned. Many of the doctors belonged to the Country Club, but other

CAVINS: people did, too. And it didn't make any difference whether you were a doctor or not. Same way in churches and so on.

JS: O.K. So they were pretty well integrated into all activities?

CAVINS: They were distinctly integrated into the rest of the society in Terre Haute. Oh, sure.

JS: O.K. Do you recall any particularly controversial issues that the medical society concerned itself with?

CAVINS: No. One . . .

JS: There was at one time in Terre Haute a business called the Terre Haute Inhalatorium and Electromedical Institute. Do you remember ever of hearing of that?

CAVINS. (Laughs) No, I never heard that name exactly.

JS: It was . . .

CAVINS. I've heard of other things similar to that. Of course, that's what . . . that kind of thing we were against and would do what we could about it. It was . . . there wasn't any way hardly to directly control those things, unless they set themselves up to do medical practice. And then they'd come under the Medical Practice Act of the State of Indiana and we could do something about it.

JS: Um hm.

CAVINS. Now, there were one or two doctors here when I first came here that were regarded as what you might call "quacks", and one of them ran a pseudo-cancer cure.

JS: What was his name, do you remember?

CAVINS: It wasn't him. It was her.

JS: Oh! What was her name?

CAVINS: Well, I don't know if I should (chuckles) say, but, of course, she's dead and gone long ago. What the heck was her name? Her first name was Maude. She used to give people . . . I'll think of her last

CAVINS: name maybe. [It] doesn't make any difference now because that's all past, gone by, and . . .

JS: I'm sure we have it in the records at the library probably.

CAVINS: Probably. She used to give women, especially, a pasteto put on for breast cancer and so on. And, of course, it didn't save any lives. It might have made them feel better to have something to do, but . . . there were other forms of cancer that were near the surface, like skin cancers and so on. She was about the worst one, I think, as far as quacks are concerned. There was one man that I won't mention by name who had, I think, deserved the reputation of being an abortionist, and there was perhaps another one. But they've been dead and gone for these many years. The first one probably died in the 1930's, and I think the other one in the '40's.

JS: The medical society didn't take any action?

CAVINS. Well, there wasn't much you could do. It was hard It's pretty hard to prove something like that.

JS: Uh huh.

CAVINS. If you could . . . if we had . . . if we were going to do something, we had to do it in a court of law. And you'd be surprised how difficult it was to get witnesses for that kind of thing in those days. Nowadays, people are so open about it that if somebody was doing something reprehensible in that line, why, they wouldn't hesitate. The patient would sue 'em and so on. In those days, nobody wanted to admit they'd ever been to such a place. So how were you going to prove anything and get anywhere. Once in a long while, they did "get" somebody for that in the State of Indiana, but I don't remember either one of these men ever being caught out at it here.

JS: Um hm. O.K.

CAVINS: So, then one time we had (chuckles) a little flurry. Somebody came to town from outside and was putting in some advertisements in the paper that we didn't like, and we got a stop put to that. But we didn't have too much trouble that way.

JS: Were they advertising cures?

CAVINS: On the whole here, the medical profession was very, I think, very ethical.

JS: Um hm.

CAVINS: Of course, we had some doctors that knew more than others, and some that did better work than others. But we didn't have too many who didn't know their limitations and would get in deep water because they didn't call for help when they should have. That kind of thing, I think, is worse than some of the other things you hear about. We didn't have too much trouble that way.

JS: O.K.

CAVINS: One more thing about surgery, I might put it in with the house calls as far as that is concerned.

JS: O.K.

CAVINS: That was going on when I first came here that's interesting, but I can get it in with the house call.

JS: Well, go ahead. Go ahead.

CAVINS: Well, when I first came here, there were still a lot of home deliveries going on. And I know Dr. Stephan C. Bradley did a number of them. I never did but about two after I got here, and they were both cases of his that he got stuck somewhere and couldn't get there and I went and did it. And at the clinic at that time we kept two sets of instruments ready all the time--sterilized and wrapped up just like they do in the hospital for surgery. One set was for obstetrics and the other set was for general surgery. Because back in 1927, '28 maybe in '29, we still occasionally got a call from a doctor out in the country, usually over in Illinois in the farming district, to come over there quick. He had a patient at home, and she wouldn't go to the hospital (or he), and he thought they had appendicitis or whatever it might be. So, occasionally we would . . . two of us would go together and take our nurse. We had a head nurse, a registered nurse (we had several registered nurses in the clinic, but we had one that had surgical nurse training), and we'd take her with us (that was Miss Gifford) and go to wherever it was. Sometimes it would be 30 miles away, and sometimes it'd be maybe 40 or more. And operate right in the home

CAVINS: in a farmhouse. We had to improvise operating tables. And the best kind of an operating table was an old-fashioned dining table that had leaves in it. you know. You'd pull the table apart; and then you'd take the spare leaves, usually two of them, and put them crossways of the table--right across the opening in the table--and lay the patient on that. Then the surgeon and the assistant could stand on either side in that space between the ends of the table, and it was just about as good as the table in the hospital. And then we used the rest of the table -- the two ends -- for our instrument tables. Whereas in the hospital, of course, we had tables just like a bedside table that would go up and down. Then they had one leg, and the table top would extend out at right angles to that.

But this other scheme worked perfectly well. And, of course, by the time we got there, the doctor on the case in the country would have the people in the house boiling water. And they had kettles and all kinds of things full of boiling water for us when we got there, and our instruments were always sterile. We just opened things up, and the family doctor over there generally gave the anesthetic . . . usually open drop ether. We always took that along, too, (laughs) in case he didn't have any. But they generally did. They were pretty good men over there out in the country, the country doctors. They were very good doctors, and I don't remember any of those cases that didn't recover. (laughs) They got along very well.

JS: What does that mean -- open drop ether?

CAVINS: Well, you'd have a mask over the patient's face which was constructed of a wire frame, oval shaped, that would cover from the chin to just above the nose and shaped so it would miss the eyes. And then you would put gauze over that -- two or three layers of gauze. It had a thing slipped over it like an embroidery ring to hold the gauze in place, a spring. And you'd just pour the ether on that, and you would put that on the patient's face and then wrap a wet towel all around the edges of it. [You would] cover their eyes up and so on . . . close them, because you didn't want to get ether in their eyes.

JS: Uh huh.

CAVINS: And once in a while, of course, the doctor giving the ether would have to raise the towel and look into one eye and see the size of the pupil and that kind of thing, and then he'd close the eye back down again and proceed. It worked all right. And I don't remember any of those patients over there that were clean cases to start with that got infections in their wound. I think the reason was that in the country on the farm there isn't any infection around that the patient isn't already used to. If somebody comes in the hospital, there may be germs there that he's not used to, and he doesn't have a good defense for them. And even nowadays we can have infections come up in the hospital that are difficult to handle.

JS: Sure.

CAVINS: But we never did very many of those /home operations/ after I got here. That system was about done. It used to be that the people out in the country -- or many of them -- were afraid to go to the hospital. The hospitals had a reputation, with them at least, that if you went to the hospital, you went there to die.

JS: Um hm. Um hm.

CAVINS: Instead of to get well.

JS: Sure.

CAVINS: But after I'd been here just a . . . not very long, /a/ year and a half or two years, something like that, that had all faded out; and we didn't have any more of that. I remember one time I had to go over to Charleston by myself and do an operation. But that was in a hospital over there. The patient was too sick to move because he had TB /tuberculosis/. And he also had appendicitis and the doctor over there at Arcola took him to Charleston to the hospital. The doctors in the clinic were having a meeting, a very important business meeting, so they asked me if I couldn't do it.

END OF SIDE 1

TAPE 1-SIDE 2

CAVINS: So, I took the set of surgical instruments with

CAVINS: me and hopped in the car. And I didn't need to take a nurse with me because there were nurses at the hospital in Charleston. But to shorten this up, I had to give the man -- a young man about in his 30's -- a spinal anesthetic, because they were afraid that ether would hurt his tuberculous lung, irritate it. So I did that. I gave him the anesthetic, and then scrubbed up and did the operation, and the nurse assisted me and everything went along just beautifully. And the man got along fine. And he did have appendicitis, but we got it in time so that he had an uneventful recovery.

JS: I see.

CAVINS: And that's the only time I ever had to give a spinal anesthetic and then go around to well, you might say, the other side of the table but not exactly and do the operation.

JS: Did you make many house calls?

CAVINS: Well, not very many. Most of our work at the clinic was referred to us by the doctors in town and also all around here in the various surrounding counties. And even at that early date, the clinic already had quite a good reputation clear over into Illinois, I would say, as far as Charleston and Mattoon. And we had a great many patients from Casey and Marshall. We had, not as many but some, from Paris, Illinois, because they had their own hospital up there and could handle a lot of it themselves. We got very little, of course, from Danville because they also had a good hospital up there. Then on the Indiana side, we would get patients from Vermillion County, Clay County, Sullivan County, and even from Greene County, as well as Vigo County so that we didn't have to make very many house calls. But in the city here some of the men like Dr. [W. G.] Crawford, who was an internist, and Dr. [Joseph] Bloomer, who did general practice, you might say, for the clinic, and then Dr. Bradley with his pediatrics... why they made a good many house calls.

JS: Um hm.

CAVINS: And I made a few, but not too many.

JS: What about when you were in OB-GYN?

CAVINS: Well, when I got into that, I made very few house calls. It wasn't necessary.

JS: Uh huh.

CAVINS: But if it was, why we made 'em. There was no argument about it. In those days, we didn't hesitate as much to make house calls. But, gradually, when people found out that many times if the doctor'd make a house call that wasn't really an emergency, he couldn't diagnose the patient properly without having him/her come to the office. So it gradually got into the system of going into the office in the first place which, of course, is a good idea. It's like having a mechanic come to your house and try to fix your car in your garage when it ought to be in his shop.

JS: Do you remember anything about the fees that were charged in your early practice?

CAVINS: Well, the fees were not exactly infinitesimal, but they were a lot smaller than they are now. House calls -- according to whether you were a general practitioner or a specialist -- varied. Specialists generally charged more for house calls. Generally, they were called in for consultation by a general practitioner to see the patient at home. Now, we did some of that. I did some of that, too. And that wasn't like an ordinary house call exactly, where somebody called you up in the middle of the night and say, come and see me. But where you had a consultation, you were asked to see the patient by that patient's own doctor. Of course, you'd charge more for a consultation than you would for an ordinary house call. House calls ran anywhere from \$2 to \$10, and I expect they averaged around \$3 to \$5 when I first came here. But, of course, they went up and got more expensive than that, and now you can hardly . . . you can't say how much they are because nobody makes 'em.

JS: What about an office call?

CAVINS: Office call? Well, they would run . . . at the clinic, it depended. If a patient first came in for an examination and a diagnosis was on, well it might run anywhere from \$10 to \$25. The \$25 would be if probably it took more than one visit, you know, to find out. If he came in, kind of a routine office visit during treatment, for instance, or as a follow-up or something, why a lot of times we didn't charge more than maybe \$2. Plus possibly a little lab work

CAVINS: if they had to have a blood count, hemoglobin, or something, which wasn't very much -- (laughs) might be fifty cents to a dollar. Now, that's just ridiculous in present day terms. But that's the way it was.

JS: How much did it cost to deliver a baby in those days?

CAVINS: Well, a lot of times [when] it would be delivered, home delivery, [the] charge [would be] \$10. And other men would charge more according to the situation. But the complicated deliveries and ones which went to the hospitals were more than that, of course.

JS: Um hm. Like a Caesarean?

CAVINS: Well now, a Caesarean would probably be . . . well, in those early days, about \$150. About the same as an appendix job which would be \$125 to \$150. A hernia [would be] anywhere from \$75 to \$150. Now, those figures just sound ridiculous now because you go in to get an X-ray or something, and it'll be more than that in the hospital. You know it used to be you could get X-rays for \$5 or \$10.

JS: That's the cost of the room for one day nowadays, isn't it?

CAVINS: Oh, well, yes. Yeah.

JS: Did you ever get paid in something other than cash?

CAVINS: Well, during the Depression and other times. Sometimes farmers'd come in, especially if they were old patients and well known to the doctor and were sort of more-or-less [on an] old friend basis as well as being a patient. Well, sometimes the farmers would bring produce in and give it to us, and then (laughs) we wouldn't charge 'em so much or maybe nothing for the call. But that didn't happen very often except in the Depression. Now, during the Depression, sometimes quite often if somebody wanted to use barter instead of cash, this was just all right. We didn't mind getting paid in eggs and chickens, whatever they had, and . . .

JS: Was it pretty tough to exist as a doctor during the Depression?

CAVINS: Well, yes, the doctors felt it as well as other people. Certainly they did. Because people just didn't have the money. There wasn't enough money floating around to carry on business hardly. At the time, we had the bank moratorium. Of course, that was extreme; that was the worst for about five days which meant a week because it was the five days the banks were open. They slapped that on without any warning, and many people were caught without any cash or hardly enough to last a week, you know, and so on. And some pretty well-to-do people were going around town without any money in their pockets because they couldn't get into the bank. Everybody was used to going in to cash a check, just like you do now, you know. If you needed some money, you went to the bank and got it and went downtown and bought something. Of course, credit was still available. But a lot of ordinary, everyday shopping and business which you did with cash was quite a proposition during that week when the banks were shut down. And you couldn't even get into your safety deposit box. You couldn't get into anything. Period. And that was Mr. Roosevelt's idea, and I don't know who got him to do it, but that's what they did. And how much good it did, I don't know.

About that same time's when we went off the gold standard. And so then they passed a law (I don't remember how soon -- about in that time) that nobody in the United States who might be an American citizen could own gold, except jewelry. You couldn't own any gold money over a hundred dollars worth; it was a federal offense. Well, of course, some people had it stashed away and didn't say anything about it. But if they'd got caught with it, they might have had a sentence, you know.

JS: Um hm. Just makes me wonder how the doctors and anyone else for that matter were able to exist during the Depression.

CAVINS: Well, this is why you hear so many tales about the Depression, because it was tough and everybody was in the same boat. And, of course, the people that were out of work completely, they were in the worst shape. They had soup kitchens and such things for them. They didn't have the same system of welfare that we do now. But people did try to give odd jobs to people that needed it and so on.

JS: Now, you were still at the clinic during the Depression?

CAVINS: Yes and no. In 1933 . . . let's see, '32 was a terrible year. In '33 I decided to leave the clinic and take a job that was offered me in the Rose Dispensary as the physician to the Rose Dispensary for, oh, a couple of years, I guess. From February of 1933 until August of '35, and it was over two years. I used to see about 60 patients a day, you know, there. And the Rose Dispensary was a very fine thing, especially at that time. Mr. Chauncey/Rose left this money, oh, a long time ago, at his death, and the trustees kept the money and invested it over a long period (I don't know how many years, 15 or 20 I believe) until the fund had grown enough to build that building down there, the Rose Dispensary Building. That's gone now. They kept space on the ground floor at the west end of that building, which was located right across from the post office, for the dispensary. And then the pharmacy was behind that. I mean the dispensary's own pharmacy where they dispensed free drugs. And then on the corner on the ground floor -- on the southeast corner of the building -- there was a regular drugstore which was a private enterprise. It didn't have any connection with the dispensary. And the whole building above that . . . all the floors above (there must have been six or seven of them) were offices; and many of them were doctors' offices. Kind of got turned into one of those doctors' buildings for quite a while.

And there were two doctors who had offices up there who were also connected with the dispensary. One of them was O. O. Alexander, A-l-e-x-a-n-d-e-r. He was a surgeon and if any of them had to be operated on, he would take care of them. We'd send them to the hospital, up at the Union Hospital. Then Dr. Oris Allen, A-l-l-e-n (he's the one that gave the planetarium at Terre Haute South High School) was the eye-ear-nose and throat doctor. And if these people had that kind of trouble -- throat, nose and eye and so on -- he would look after them even in his own office or in the hospital, according to the case.

All the other cases I took care of -- the general cases that came in. And Mr. Theodore Zimmerman (now that's Z-i-m-m-e-r-m-a-n; I don't think there's a double "n" on the end) was the pharmacist for the dispensary and also the business manager of it. He paid me and he paid the two doctors -- the other ones upstairs -- for their services; and he just about managed the whole building, I think. He was a very capable man. And he was a good pharmacist. And so

CAVINS: we had plenty of space there for my office and waiting room, and I had a little room we used for a surgery where I did some minor surgery that could be done under local anesthetic right there in that office. You could do quite a number of things in there. You'd be surprised. (laughs)

JS: How did . . .

CAVINS: (Laughs) Nowadays, I'd be scared to death to do some of that because somebody'd be coming around and would sue me for malpractice. But we got away with it.

JS: How did people qualify for . . .

CAVINS: Oh, by the . . . also, I also had a registered nurse to be my office nurse, and her name was Helen Amberger, A-m-b-e-r-g-e-r. She's married since then but I can't think of her married name. Well, anyhow at that time it was Helen Amberger. She was a Union Hospital graduate and a very fine girl.

JS: How did people qualify for free drugs?

CAVINS: Well, they had to be down and out. That's it. They were out of work. They didn't have any visible source of income, you know, or other support. Most of them . . . well, practically all of them were what we called trustee cases. You see, the township trustees were responsible for the poor and needy in their various townships. They would come in with a paper from them [the trustee] stating that they were on the trustee's roll, and then we'd look after them. And we didn't charge them anything. They didn't have to pay anything for the medicine or care. And if they had to go to the hospital, they went in as a charity patient.

JS: Um hm. When you first came to Terre Haute, where did people get prescriptions? Were there drugstores?

CAVINS: Oh, there were drugstores all over town.

JS: There were?

CAVINS: There were plenty of them. Yeah.

JS: It was the same kind of routine that we have now?

CAVINS: There were more drugstores then than there are

CAVINS: now downtown. There was Baur's drugstore on Wabash, and Gillis had a store or two downtown, had one up there at the Rose Dispensary Building, and there was another one in the Rea Building over at 8th and Wabash. And then there were drugstores up and down the various streets like South 7th and North 6th. There was one up at the Big Four railroad station, right across the street from it in the old Great Northern Hotel. I think they called it the Northern or Great Northern or something like that. And there was a store there. Cook had a store there.

And then there were stores all along, every few blocks down 7th Street south. And there was one right across the street from Union Hospital run by Bill Feltus. Bob Ash had it after Feltus quit. And later, they moved the pharmacy, that drugstore, up on North 7th Street a little farther up the block, if there's one still there. But for years and years, it was at 7th Street and 8th Avenue. And Donnelley had a store at 7th and Hulman, and Dave Russell had one at 7th and Seabury which was only a block north of that. So the town was well supplied with drugstores in various parts of town.

And West Terre Haute had a couple of drugstores at least.

JS: In those early days, was one hospital considered preferable to another? There were two large hospitals in town then and one small private hospital.

CAVINS: And they were considered what?

JS: Was one hospital considered better than the other?

CAVINS: Well, it depended on who you were. There were some personal differences of opinion on that, you know. But actually, they Union and St. Anthony's were both pretty good hospitals. And, of course, I always favored the Union Hospital because I was on the active staff there from the time I came here, and I still belong to it. Am on the honorary staff.

And then St. Anthony's, they had what they called associate staff so that you had the same privileges as if you were an active member, but you didn't go to any of the staff meetings unless you wanted to. And if you were an active member at each hospital, you were required to go to staff meetings, a certain number of them, and so on. The two hospitals had

CAVINS: similar rules.

St. Anthony's had one thing different. When I first came here, the supervisors on the floors were all Sisters. They were nuns. They were not registered nurses. After a while, they saw the difficulties with that. There were some difficulties because the floor nurses were registered nurses and nurse aides. There weren't any practical nurses then. And so after a while they changed to having the supervisors registered nurses. And the Sisters had some other kind of duties, but they weren't in active charge of the patients any more. And that was the main difference that I could see when I first came here. And that didn't last too long after I came before they changed it.

JS: What about an ambulance service?

CAVINS: Well, the ambulance service was chiefly the undertakers. See, each one of them (certainly the bigger ones, I mean, you know, the more prosperous ones) had their own ambulance; and some of them would charge, and some of them wouldn't. It would depend on the case. I suppose if it was some family who had used their [funeral] services for other members of the family before, they might do it for free. But sometimes they would charge, and the charges weren't anything like they are now. But if you had to have an ambulance to take you to some hospital in Indianapolis, for instance, for some special work at the University, say, well, then of course, they'd charge for that trip and so on. But they were privately owned and privately run, and they didn't have the equipment in them like they do now. There wasn't any such equipment. Hadn't been invented yet.

JS: It was just a matter of giving them primitive first aid and getting them to the hospital.

CAVINS: That's right. After a while they put in oxygen and then they put in this and that; and now they've got these highly-equipped ambulances that can communicate with the hospital, run cardiograms and all that. It's certainly different.

JS: What do you suppose an ambulance run might have cost if they charged?

CAVINS: Oh, about five dollars. Maybe ten -- in the city.

JS: Um hm. O.K.

CAVINS: And, well, that was that. And they did a good job; they were all right. Their ambulance, most of them, were perfectly adequate for that day in development, you know, [at least] available.

JS: Dr. Cavins, do you remember any particular disaster or event or epidemic?

CAVINS: I sure do.

JS: Would you like to tell me about those?

CAVINS: The one that I remember the best that I was concerned with was the wreck up at Dewey. Dewey's a stop on the . . . used to be the C & E I railroad -- it's the L & N now.

JS: Yes.

CAVINS: And . . .

JS: When would that have been?

CAVINS: That was in September of 1944.

JS: O.K.

CAVINS: Right in the middle of World War II. And there was a train coming down from Chicago with men, troops, on it who were coming home for furlough, that kind of thing, holiday sort of. I don't know how many of them were on there. And there were civilians, too. It was a passenger train.

Coming up from the south there was what we used to call a milk train. And this was about . . . well, it was early in the morning. I've forgotten what time of the day it was. It must have been soon after midnight, something like that. And this train had stopped at the station and then moved on up. It was getting ready to leave the Dewey switching place on the railroad. It's not a town but the railroads name their switching spots, just like Spring Hill [south of the Terre Haute corporate limits] out here. You know where there's a tower there for switching?

JS: Yes.

CAVINS: Well, Dewey is right up north of the station quite a little piece /near/ Haythorne, south of North Terre Haute.

JS: O.K.

CAVINS: Well, what happened was . . . this was in September, the time of year when we have heavy fogs, and there was a very bad fog that night. And the train coming down from Chicago stopped at Danville and got orders to go on the siding at Rosedale. And so, instead of stopping at Rosedale, the engineer came right on through there and went smack head-on into this other train, which was more like a freight train (it wasn't a passenger train). Well, I've forgotten how many people were killed. I think there were, oh, 26 or three dozen, or something like that injured in the wreck. Killed one of the engineers outright as I remember, and the other one died later in the hospital. And the fellow that lived long enough to talk a little in the hospital said that he thought he was at Rosedale. Apparently the fog had confused him or something, and he went right through Rosedale. And he kept saying over and over, (I was there where he was doing the talking. I remember that), "How come this is Dewey? How did we get to Dewey?" He was very confused. And he was scalded all over with steam. He died from extensive burns. So he didn't last but six or seven hours maybe. So, that was a bad wreck.

And it so happened that about three weeks before that, the Union Hospital (and I think the other hospital, too, St. Anthony's) had had a mock disaster program put on. And everybody had come out, and they were assigned to this and that and the other thing, you know. And so, when this wreck really did happen just a short time later, everybody knew where to go and what to do, and it worked like clockwork. It was just lucky from that point of view and showed the advantages of having a little training. Otherwise, it would have been an awful mess. It made a big difference.

The other disaster I remember had nothing to do with medicine; it was the flood and tornado in 1913 in March. Oh, boy, that was something! And I was living in Indianapolis then, and we came over here the next day and relatives here took us around and showed us the parts of town that were hit by that tornado, and it was something.

JS: What parts of town had been hit?

CAVINS: It went right through . . . you know where the old Ijams' farm was and still is, maybe?

JS: No.

CAVINS: They had a farm with a great big barn. A real old place. The barn had been built I don't know how long before. I expect 60, 70 years or more and had heavy timbers in it about 2 feet square in section.

JS. Um hm.

CAVINS: Well, that wind took that barn and wrecked it, and some of those timbers were snapped just like you would a toothpick. It was astonishing. And it went all the way from there, which is down not far from the creosoting plant . . .

JS: O.K. Yes. I know where that is.

CAVINS: . . . went northeast, right across the southeast part of town. And I imagine it was a couple of miles and a half long and I think about 200 yards wide.

JS: So, that'd be from about 1st Street . . .

CAVINS: Oh, boy, it was something! And houses were blown over and switched around. We saw one house that had been picked up, turned clear around -- 180 degrees -- and set back down again almost on the foundation. Just crazy things like that.

Down near the Ijams' barn there was a tree, a fair-sized tree probably a foot in diameter, which had been pulled up by the roots. And the roots were on one side of the fence and the rest of the tree on the other side. And the trunk was there between the rails of the fence. And the fence wasn't hurt! Now how'd that happen? I don't know. It was crazy.
(laughs)

JS: (laughs) I suppose many people were hurt?

CAVINS And that storm was one where there were instances where straws would be blown and driven right in something fairly firm. That kind of thing. Oh, it was a tremendous thing. Yeah. I hope I don't have to see another one like that. Or be anywhere near it.

CAVINS: I was near another one. The tornado went through in 1949. It went right across from south of the Country Club. I was out there playing golf, and we got into the most awful downpour of rain and wind. It was blowing so strong you couldn't stand up and we lay down on the ground anyhow, because there was lightning and everything else. And it passed on over and went right up through Deming Park, went northeast again, the same direction.

JS: Oh, yes. Yes.

CAVINS: It went through Deming Park and killed two people out there and tore up a lot of trees, and that's the same day that Coatesville got blown down. Do you remember that?

JS: Yes. I've heard about it.

CAVINS: All the same day. Wasn't that on Palm Sunday? And I think there was a third tornado somewhere in the state that day, too. So, we get 'em once in a while.

JS: What about the wars? World War I and II? Of course, at World War I you were, what, still in medical school or . . .

CAVINS: No, no. I hadn't even got there yet.

JS: . . . starting . . . You hadn't gotten there.
O.K.

CAVINS: I had just finished high school . . . Well, when we got in World War I, I was entering college.

JS: O.K.

CAVINS: I was 17 years old.

JS: World War II then?

CAVINS: Well, now, wait a minute. As I finished my first year in college, by that time it was 1918. The war was going full blast, and they had started the Students Army Training Corps. Also they were sending men overseas fast and furiously. So, they had a deal with the colleges and universities to send -- in that summer before the next school year -- a certain number of men according to the size of the school. Butler got to send five. Well, I was

CAVINS: one of 'em. They offered me that. And I was 18 years old just five days before I could go to that. So I grabbed at that; I enlisted in that, went up to Fort Sheridan, and I was in training camp two months up there. And then I got a commission. Can you imagine that? Eighteen years old, and I was a 2nd Lieutenant.

JS: (Laughs)

CAVINS: Yeah. And they sent me out to . . . the other four fellows went back to Butler and they were non-commissioned officers in the Student Army Training Corps there. And they sent me out to the University of Iowa, where they had a big unit because they had a big university. And I think we had at least five companies of men out there -- students in that training corps out there, including the dentists and the medics and the undergrads, the whole lot. And I was out there then until . . . of course, the armistice came along pretty soon, in November. And then I had to stay there until the end of January in 1919. Well, we had a lot to do just to close it down. A unit like that takes a little time.

And then I came back home and went back to college. (laughs)

JS: Well, during World War II, there must have been a lot of local doctors that went into the service?

CAVINS: Here, in World War II practically all the young doctors in town including me joined up to go, and a whole gang of us had gone over to Indianapolis and had our physical examination and passed it, and we were sitting around waiting for orders. And then an order came through that there were four of us that were declared unavailable, because they realized that they were just about cleaning the town out of younger doctors. The only ones left were 50, 60 years old and, you know, too old to handle all . . . they just couldn't handle it.

JS: Um hm.

CAVINS: So there were four of us. There were Topping, T-o-p-p-i-n-g . . .

JS: What's his first name?

CAVINS: Malachi, M. C. Topping, I believe.

JS: O.K.

CAVINS: And Don Gerrish, G-e-r-r-i-s-h; let me see, who was the third? [It was Dr. L. A. Malone, the X-ray specialist.]

You see, Topping was an orthopedic surgeon, and I could do general surgery. I was doing Ob-Gyn, but I had general surgery training. And Gerrish was general practitioner. There were four of us. And we couldn't go, you know. That was it, period. But about half the doctors in town were gone. And the ones left were four young fellows, and the rest of them older men. And I'll tell you, we had our hands full during that time. It was nothing unusual to work 20 hours a day. Sixteen was pretty near routine. Simply because half the doctors were gone.

JS: Um hm. Um hm.

CAVINS: And it couldn't be helped. That was that. So, when the war was over, why, we were very glad. What I did was . . . I was supposed to be a specialist in Ob-Gyn from January, 1937, on. I had limited my practice. And then I took the national board exam in 1943 and got that. So I was certified.

JS: Um hm. Um hm.

CAVINS: Well, what I did was, I wrote to the Board and I told them about the military situation and what had happened here and so on. Well, they knew all about it anyhow. I asked permission to do general surgery for the duration of the war 'til Jack Haslem came home to the clinic since he was the general surgeon at the clinic. And so they said, yes, notify us as soon as your surgeon gets back and you're to be specializing again, because I wasn't taking any male patients at all, you see, before that.

JS: Um hm. I see.

CAVINS: So, when Haslem got home, why that's what I did, and that worked out all right. Well, it was just a matter of . . . everything was done that way then. They cut a lot of red tape on account of the war, and it had to be done.

JS: Do you remember . . .

CAVINS: It's too bad Topping isn't here. He's down in

CAVINS: Florida. If he ever comes to town, you get ahold of him for one of these things. He can tell you a lot of things.

JS: O.K. Do you remember any epidemics of contagious diseases or quarantines?

CAVINS: Here?

JS: Uh huh.

CAVINS: Not specially during my time. I don't think of one right now.

Back earlier, 'way back, 1903 or '04 or somewhere back in there, there was a polio epidemic, and there were a good many people involved . . . children involved in that. And I had patients at times who would come in and had residual trouble from that old polio epidemic.

And there was another epidemic of polio later than that. I've forgotten just when that was. Because I remember one girl we had that had a baby, and she was a wheelchair case from polio. And well, that was a problem. We got along and so on, but, of course, she had poliomyelitis after 1903 or '04. It must have been up in the '20's. I don't remember the dates, because I didn't handle that kind of case. But we did have it until after they got the vaccine; and, of course, now, it's a great deal different.

JS: No problem.

CAVINS: When I first came here though, we had to watch out to be sure a patient didn't have malaria because there was still malaria around here, especially in West Terre Haute.

JS: Um hm.

CAVINS: And an occasional case of typhoid fever and some paratyphoid fever; and I even had, one time, a case of milk sickness. Now, milk sickness (chuckle), that was one of the pioneer diseases. Pioneers had a lot of trouble with that back in Abe Lincoln's time, you know, 1809 to 1840, back in there. [His mother is said to have died of it.]

JS: And what's it caused from?

CAVINS: Well, (commences laughing) that's an interesting story itself. It's caused from cattle eating white snake root weed, and then if you use and drink their milk or even eat their flesh except cooked well, you can get this. It's kind of a poison apparently, and it gives cattle what's called "the trembles." So, if anybody has cattle with "the trembles," don't drink that milk.

And the pioneers had a lot of trouble with it out here before they had fencing to keep the cattle out of the woods where this weed would grow in the undergrowth, underbrush, you know. And I suppose it's still around here in places. I don't remember seeing any for a long time.

JS: What about tuberculosis and cholera?

CAVINS: Oh, well, there was TB up until we had these new medicines. They're almost like antibiotics. They're good for TB. And that didn't come out until . . . well, penicillin didn't help TB, but streptomycin did. And we had streptomycin in World War II. And sometime on this I want to tell you about penicillin. That's a very interesting story in itself.

JS: O.K.

CAVINS: And important to Terre Haute history.

JS: Why don't you just go ahead now?

CAVINS: Well, I was going to say about the TB, we could use streptomycin before we got this other stuff. Oh, I can't think of the name of it; it goes by initials now (laughs). And now there's at least three different things they use for TB, sometimes altogether, sometimes two, sometimes But it made all the difference in the world in treating tuberculosis. But we didn't get that until about Oh, gosh, when was it, Katie? About '50? Or in the '50's -- late '50's. Must have been about 1955.

Streptomycin we had in . . . about the middle of World War II that came out, and you could get that. But with penicillin . . . of course, everybody knows the story about penicillin. And [Alexander] Fleming over in England discovered it really about 20 years before anybody ever used it for medicine. He discovered some of its properties and it got stuck on a lab shelf. And somebody finally got to

CAVINS: reading the literature and thought they'd try that again and so on.

Well, when the war started, penicillin was just being used. Clinically, it had been tried for infections and found excellent, you know. But the only way they could make it was in a laboratory in liter flasks. Now, you know what a liter is.

JS: Yes.

CAVINS: A liter-marked flask. You've seen them in a laboratory, shaped like this.

And they had to grow the stuff in a culture. Of course, it came from a fungus -- a certain kind of a fungus that makes the penicillin. The plant makes it, the organisms.

Well, they would grow it in these flasks in a culture medium like that and then skim off the top and all that kind of business to get the penicillin. Well, they couldn't make it fast enough for use in the war, because they found out in the field that they could use almost gallons of it in World War II.

So there was quite a scramble to find methods of producing it in large quantities rapidly. And the people that found out how to do it was Commercial Solvents right here in Terre Haute. And they worked out a process whereby they could make it . . . instead of only by flasks that were scattered all over the laboratory and only one quart at a time, they had 12,000 gallon tanks that they made it in. And then we began to get it in usable quantities.

At first, the Army . . . military forces got most of it. But we could get a little now and then. And of course, being here in Terre Haute, we had an advantage. We could get a little on the side from them now and then, which we did. But, not much, and not really as much as we could have used until the war was over. And then of course, there was plenty. There's been plenty ever since.

But, of course, I don't think they make it here any more. They haven't for many years. They gave it up because some other companies took it up, and I think they got . . . Of course, over here they got

CAVINS: interested in Bacitracin. That's the same firm
/Commercial Solvents/ that developed Bacitracin.
That's another antibiotic which is very powerful
against certain infections and so on.

So, Commercial Solvents deserves a great deal
of credit for that. The man that was at the head
of the chem lab then, I think, was Paul Bachman,
B-a-c-h-m-a-n. He lived here for quite a number of
years, and he died this year in August -- the 27th
of August, in Baltimore.

JS: Well, that is an interesting story.

CAVINS: They had a very fine setup over there. I knew
most of those men over there pretty well.

JS: Um hm. O.K. I'd like to talk for a few minutes,
Dr. Cavins, about attitudes. In particular, what was
the attitude when you first came to Terre Haute toward
the role of women, and childbirth, and . . .?

CAVINS: Well, it was traditional.

JS: O.K.

CAVINS: (Laughs)

JS: The women were supposed to stay in the home and
raise the children.

CAVINS: Yeah. They did. Most of them. Oh, there were
some business women around town and all that. And, of
course, the nurses were professional women, and we had
secretaries and stenographers and so on. But it wasn't
anything like it is now. No. No.

JS: What do you think has contributed to the change
in attitude now?

CAVINS: Of course, I think that what gave it the start
was World War II when many women . . . because there
were so many men gone, there were openings for women
in factories, making war supplies and other things,
and they got jobs.

END OF TAPE

TAPE 2

JS: So, you think World War II contributed to changing the role of women?

CAVINS: I think it was the beginning of it. Oh, well. Of course, over the last (I don't know how many years) hundred or two hundred years, there've been occasional women who had what you'd call now the feminist point of view or something.

Like some of the famous women authors who pioneered a lot of things. Charlotte Brontë. George Sand -- I've forgotten what her real name was. She wrote books under a man's name just because of the prejudice in those days. Well, of course, there were pioneers like that and what was her name? Pankhurst or something like that? And then there were the suffragettes and all that. They got the vote. But the big change in the social order, I think, came about during World War II from women going to work -- so many of them in factories and various places, to take on that load we had to have to win a war.

JS: What was the attitude when you were practicing Ob-Gyn toward the menopause?

CAVINS: Toward the what?!

JS: The menopause.

CAVINS: Menopause? Well, it was the natural happening. You didn't have to have an attitude toward it.

JS: It wasn't anything to be afraid of?

CAVINS: What the attitude is, is that it's a fact of life.

JS: O.K.

CAVINS: Of course, we knew there were [possible] complications during the menopause and leading up to it -- during and after, and so on. Most women didn't have very many of those. But we knew what to look for and how to counsel them about it and that kind of thing. We were handicapped in treating it as well as we can now because we didn't have the drugs that we can use now that alleviate many of the symptoms.

JS: O.K. What were some of those complications that you looked for?

CAVINS: Oh, well, of course, a common thing, they all

CAVINS: practically had "hot flashes", and they'd be moody at times and that kind of thing and feel like the world was coming to an end or something. But some of them actually got so depressed that they would get into a bad mental state. You might almost call it psychosis. But that was kind of rare. I think that was blown up out of proportion a little bit. There weren't very many like that. The ones that did get that way, of course . . . there'd be plenty of gossip around about them and tall stories and all that kind of thing. But they really did have [occasional] complications. And some women, of course, would have severe hemorrhage and so on. Well, we had things we could do about that. Sometimes you even had to do surgery, but most of the time they got through it all right. And if we could persuade them not to worry about it too much, they did a lot better.

JS: There were some patent medicines . . .

CAVINS: Oh, good grief. They had Peruna and they had Lydia Pinkham's and so on. The chief ingredient in those things . . . I think the only ingredient that did any good at all was the alcohol. And they had a high percentage of alcohol at one time. Back in the 19th century when those things were put on the market (they were on the market for many, many years), why, Peruna was practically just a poor grade of whiskey, and Lydia Pinkham's had I don't know how much alcohol, 20% or 30%. And finally the Food and Drugs . . . the government some way put regulations on them that they couldn't have more than a certain percentage of alcohol in 'em. And that made a big difference. And first thing you know, their use fell off. I don't think anybody takes that stuff any more at all.

JS: How do you spell Peruna?

CAVINS: Peruna? P-e-r-u-n-a. And it was made over here in Illinois somewhere. I don't know where -- Peoria, I think.

JS: And was that like Lydia Pinkham's?

CAVINS: Lydia Pinkham's was called Lydia Pinkham's Vegetable Compound. And it may have had some vegetables in it but it had alcohol. And so did Peruna. Peruna was just a kind of flavored-up whiskey, I

CAVINS: think. That's about all it was. Why, even the church deacons used to take Peruna. Oh, yes. There'd be

JS: What was Peruna for? What was it supposed to be for?

CAVINS: Oh, it was for darned near anything, you know. Just a patent medicine. And then, of course, they would claim it was good for female troubles and all that just like a lot of them did. So, if they got enough alcohol in 'em, why, it made 'em feel better, you know.

JS: You have certainly witnessed a change in the attitude toward sex and discussing sex, too.

CAVINGS: Oh, yes. Of course sex isn't with us any more than it always was, but the freedom of speech about it and consideration and so on, that is what, of course, changed. Everybody knows that. And, why, it's brought out in ordinary, what we used to call, polite society -- which I don't know whether there is any such thing any more

JS: (Laughs)

CAVINS: . . . but in polite society you'd never speak about such things except in a very roundabout way. A woman wasn't even called pregnant; she was in an interesting condition or delicate condition or something like that. Then you knew darned well that they meant she was pregnant. See?

JS: Uh huh.

CAVINS: Now, they just come and say, "Well, she's four months pregnant," or whatever.

JS: Um hm. Well, when you

CAVINS: And in those days, they just didn't talk about it. The patients that came in to see the doctor, after you'd put them at their ease and so on, well, if they were pregnant, they'd have to talk about it. And the doctor would have to talk about it and so on. But there was nothing said about it in those days in the newspapers or in the magazines. Even the women's magazines were very circumspect in their language, and they didn't even use the word "sexuality." That's a new word.

JS: Um hm. I don't suppose there was any training that you got in that area?

CAVINS: Nooo. Oh, well, some. In psychiatry. Psychiatrists had to know a lot about sex, because so many people . . . it was involved in so many cases that had mental upsets and troubles. And I think in those days when there was such a tight lid on sex -- in talking about it and so on -- it was more apt to confuse the person and get him mentally upset than it is now when you can talk to somebody about it or do something about it or whatever. But the psychiatrists had . . . there were many books on psychiatry that had all kinds of stuff about sex and abnormal sex and sexual difficulties and all that kind of thing. But the only people that read those books were professionals. Doctors. And there might have been a little of that in nurses' texts but not much. And so now, it's quite open.

Now, before World War I it was the worst. After World War I things loosened up some in that respect because the boys went to Europe. And in Europe, especially in France and Austria, Germany, there they were much freer about sex -- and also the Scandinavian countries. England wasn't so free yet. And when the boys came back, there used to even be a song one time said, "How ya gonna keep 'em down on the farm, after they've seen Patee." And this other stuff went right along with that. Because the Parisians and the French in general were very free about sex. Have been for centuries.

And they never got over paganism. The pagans were . . . 'way back in the old days in fact, part of their religion was fertility cults, you know. And that's sex pure and simple. So there you are.

And after World War II, when the boys had been all over the world -- not just Europe but other parts where the people for thousands of years had been pretty open about sex -- they had a good infusion of that. And when they came back, things were different. And, of course, also there were a number of women in World War II -- a lot more than had served in the other wars. Nurses and various aides and so on. And I think this is what gave it the push it needed to get to where it is now. It just got over the hump once. When they once got over that big, iron curtain that'd been there all the time, well, you know what happens. (Laughs)

JS: Yes. (Laughs)

CAVINS: (Laughing) Everybody knows. So, how good that was, I don't know. That's another question.

JS: When you first started practicing, Dr. Cavins, what kind of attitude did people have toward doctors then?

CAVINS: Well, they were respectful to doctors. They, of course, used to have their jokes about doctors and their bills, just like they do now. And the same for lawyers. But I don't know that there was such a great big difference in attitude.

JS: Was the doctor an authority figure?

CAVINS: I've been out of practice for four years now, and I don't know how it is now, but I've talked to some people since I got out of practice who've told me various tales about experiences they've had with doctors and this new so-called doctors' assistant and all that kind of business. The farther they get from one-to-one, face-to-face contact with the doctor, if third parties have come in, this is what upsets the apple cart along that line.

JS: Was the doctor an authority figure when you first started practicing?

CAVINS: Oh, sure. Yeah.

JS: And he expected to be obeyed?

CAVINS: Yes. And the doctors, all of 'em, knew that if you had a patient that didn't have enough confidence in you to follow your instructions or to take your advice, tell him to go get another doctor.

JS: Um hm.

CAVINS: I never had to do that very many times, but I have. And that was the thing to do, because you'll never get anywhere with somebody that doesn't have confidence in you.

JS: What was the attitude toward death?

CAVINS: Well, just like now in that . . . I mean by that . . . I don't think people thought about it as much as they do now. There's a lot of these [commentators on death]. . . I think it's been overdone lately . . .

CAVINS: probably because with the modern apparatus for keeping people alive indefinitely even when they're a vegetable or something like that; why, there's been lawsuits and then it gets in the papers. And the first thing you know, somebody's got an organization built up about it to either study it or do something about it and all that. And it's been built up into such a size that I think it's clear out of proportion.

Of course, it's something that's a sad thing, but I think that they're talking too much about it. And I think that people are a lot better off if they realize down in their inside somewhere that yes, they're going to die sometime, but let's don't bother about that now. Let's go to work and take care of what we've got to do. And I think if you dwell on it too much, you're going to lose some of your joie de vivre, your get-up-and git. You might just sit down and say, "Well, what's the use."

People who are naturally a little melancholy would do that sooner than somebody else. And I think though that some of the things that have been done -- oh, like these hospices and that kind of thing -- are all right for people who are situated so that there isn't anybody really to look after them in their last days. And, of course, that situation has been magnified by the situation at least in this country where families break up early. The children go off to California; they go down to Florida, they go up to some other place; and here's ma and pa at home and nobody to look after 'em when they get ready to die. What can you do with 'em? Haul 'em off to a hospice or a hospital or a nursing home. And this isn't the way it used to be. The family used to stay together; and when grandpa got ready to die, he either had some one or more of his children to look after him, or his grandchildren. In the same house. Well, now, the general living conditions are different, and I think that's a big factor in what's brought all this to-do about. And for cases like that (and there are many of 'em) /when old persons/ are just stranded, don't have anybody to look after 'em, well, then the hospice (that's the latest thing, you know) is all right. It's a fine thing if they are run right. It depends on how the people were trained and so on, to look after them.

CAVINS: But I think that . . . well, of course, in medieval times -- 600 years ago, say -- people were faced with death all the time, even more than we are now. They had epidemics, and they had the plague, and they had the Hundred Years War and things like that going on. And the medieval people thought about death as if it were just right there waiting for them all the time. You'll see in all the old paintings and the church decorations and things 'way back in those days, they've always got a skeleton around somewhere. Old skeleton with a scythe and that kind of thing, just waitin' for you. Well . . .

JS: There wasn't much . . .

CAVINS: I'd hate to see us get into that state again.

JS: But there isn't much conversation about it or . . .

CAVINS: They used to die when they were 35 years old, you know. Now they live 'way . . . the average age is past 70. Look at me! I'm 80! And it was something for anybody to live past 40 in those days. That's where we've got this idea of life begins at 40, I think. Because in the old days, few people lived past 40, and 50 was old. When I was a boy, a man 50 years old, by gum, he was . . .

JS: He was old.

CAVINS: He was gettin' old. Yes sir.

JS: What was the attitude . . .

CAVINS: So, I can't tell you any more than that about death, except it's a bad thing.

JS: (Laughs)

CAVINS: But sometimes, it's a good thing. Suppose . . . just think. Suppose nobody ever died. What would we do with everybody? Why, the world would have been so thickly populated by now that there wouldn't be any place for anybody to go.

JS: That's true. What about the influence of mind over body in those early years when you were practicing here in Terre Haute?

CAVINS: Everybody has known for years and years that

CAVINS: there's a certain influence of the mind over the body, and all the way from people with neurasthenia on down -- or up, whichever way you want to call it -- to these extrovert people who can do anything and persuade anybody to do this and that and the other thing. That's mind over body, too!

JS: Um hm. I know, but did your average patient believe that?

CAVINS I don't know. I never asked them. Because if I thought their mind was exerting too much influence over their body, I wouldn't just say that in so many words. You're just wasting your breath. You've got to get at it indirectly.

JS: Um hm.

CAVINS: It's like that story about the old doctor that had a patient that he knew, had known him for years, and he knew there wasn't anything wrong with him or her, whichever it was. And this patient one day was all excited and upset and this and that because she said she'd swallowed a bug or something. Well, she hadn't, but she was hysterical. So, the old doctor got himself whatever it was, something like she'd swallowed, you know. Then he gave her an emetic and made her throw up, and by a sleight-of-hand he put this thing right in the middle of the vomit and showed it to her, that she'd thrown it up; and she got well immediately. I mean she thought she'd thrown it up. She thought she'd swallowed it, but she didn't. So when she thought she'd thrown it up, then she was cured. Now, that's mind over matter. Pure and simple. I mean that's an extreme (laughs) case, but it's an example. That's just an old story that passed around among . . . I don't know -- folklore doctors or whatnot. But, sure, everybody knew that this is a factor. And it is even in animals, I think, but not to the extent it is in people.

JS: Um hm. Um hm. Well, you didn't talk much about it though in those early days? Not the way . . .

CAVINS: Noooo. Not like you do now.

JS: Not now. Not the way it is now.

CAVINS: I think they run it into the ground now. They get people thinking about it so much, they do get something wrong with them.

JS: Well, now it has a different name, too, doesn't it?

CAVINS: Oh, yes. All you have to do to start something new is to get a new name for an old thing. That's what they do all the time.

The politicians do it over and over. They talk about the same old thing, but they've got a new name for it.

JS: And the new name is holistic medicine, right?

CAVINS: Oh, yes, holistic. And that's not "w-h;" it's just h-o-l-i-s-t-i-c.

JS: Right.

CAVINS: That comes from a Greek word, "holos," that means the entire thing considered as a unit.

JS: The whole thing.

CAVINS: Well, of course, you know people complain about the modern doctors not being like the old-fashioned doctor that would look after 'em, look after the whole family. He was practicing holistic medicine 50, 100 years ago. But they didn't call it that. They just called it general practice.

JS: General practice. Uh huh.

CAVINS: Family doctor. That's the word. Family doctor. See, that word "family." There you are again.

JS: Um hm. Um hm.

CAVINS: Those doctors knew all about the family, all their ins and outs. He knew their sexual troubles even if they didn't come out and talk about it in the newspaper. And he knew all the kinds of trouble they were having. And he knew how to handle it. And he was using psychotherapy a great deal of the time. Only they didn't call it (laughs) psychotherapy.

JS: What about social diseases? Was there much of a prevalence of that?

CAVINS: Well, sure there was plenty. Used to have syphilis

CAVINS: and gonorrhea, and we didn't have any good medicine for it for a long time. And when I was in medical school, it wasn't too long after they developed salvarsan to cure syphilis, and the cure was pretty near as bad as the disease. But they improved that, and they got neosalvarsan. Then they got some other things and bismuth and whatnot. And finally, we got penicillin. And that really does the business.

All right. For gonorrhea there wasn't any treatment that was worth a hoot, except time and, oh, certain local measures. And finally, the patient would get enough resistance and wear it off. But it could return.

And now we've got . . . penicillin will help that. We've got some other antibiotics now that they give 'em for that, and one dose'll take care of it.

Well, now, you take this stuff that they're talking about now. The virus business.

JS: Herpes?

CAVINS: Herpes 1 and Herpes 2. Well, something's been known about those for a long time. But this is something that more has been discovered about it lately and, undoubtedly, it's been going on for quite a while, but not to the extent it is now because of this modern promiscuity that has come from this sexual revolution as they call it -- which, as I said, I think is simply a reversion to paganism.

JS: Um hm. Do you remember anything about the prostitution?

CAVINS: Well, look. You can't have high school girls and college women running around in a promiscuous manner and perhaps having four or five different sexual partners and have any security that they're not going to run onto one of these bugs sooner or later.

JS: Um hm. Um hm.

CAVINS: And it's just the reverse, say . . . now it's worse in the women, you see because if they have a baby, the baby can get it. Now, it used to be the men ran around with the prostitutes; and if they

CAVINS: were sufficiently promiscuous, sooner or later they were going to pick up a venereal disease.

I don't know why they call them "social diseases." Venereal disease is the name. That's what they should be called. And you know what the derivation of that is?

JS: Hm um. No.

CAVINS: Venus. The goddess Venus. The goddess of love; that is sexual love. And so that's what venereal means.

JS: O.K. Dr. Cavins, do you remember early if there were any medical exams for the prostitutes? You know we used . . .

CAVINS: Oh, yes. Oh, yes. That's been going on for many, many years.

JS: No, I mean here in Terre Haute.

CAVINS: No, not too much. Oh, yes, they had it. It depended upon who was running the Board of Health, pretty much.

JS: Um hm. You were never involved in anything like that?

CAVINS: No, I didn't get in anything like that, except once in a while we might have had somebody come in the office and want to be examined and so on. And she wouldn't come waltzin' in there and say, "Well, I'm a prostitute. I want you to . . ." (laughs) No. You'd have to guess it yourself.

But in France for many years (I don't know how many years) they've had a licensing . . .

JS: Yes, I know.

CAVINS: . . . system, and regular examinations, and all that. But we've never had anything like that.

JS: O.K. What about any early malpractice suits? Do you remember anything. . .

CAVINS: Oh, we didn't have very many.

JS: Not many?

CAVINS: They were what you might call a rarity when I first got into practice. And we didn't worry about it really too much. We tried to do our duty and do right by our patients and all that, but And so, we didn't get in trouble. But I think part of it was because we had good relations with the patients. And then people weren't as litigious then as they are now.

JS: Um hm.

CAVINS: Something's happened in this country. Somebody's undoubtedly analyzed it -- that makes people (that's the word) "litigious." Everybody wants to go sue somebody else. They'll even sue their own mother and all that kind of thing because they've got insurance!

JS: Yes.

CAVINS: I think this tremendous development of casualty insurance and that kind of thing has put the impetus on lawsuits.

JS: Can you recall any treatments that people used that were sort of home remedies or any myths . . .

CAVINS: Oh, yes, they've had those, always have. They still have them.

JS: I mean locally now. I'm talking about Terre Haute -- in your practice.

CAVINS: I don't think they had any treatments that were peculiar to this location. No.

JS: Can you think of any of those treatments?

CAVINS: Oh, well. Well, they had all kinds of salves, particularly, that they used . . .

JS: Homemade salves?

CAVINS: Not too much homemade. I think they just went and bought patent medicine most of the time. Of course, people always . . . there's always that old stuff about goose grease to rub on, and some people would use bacon rind to rub on sore places and things

CAVINS: like that. But a lot of them just went down to the drugstore and bought patent medicine or something the druggist could sell 'em over the counter.

JS: Um hm.

CAVINS: And that's what they did, sure.

JS: You must have run into some . . .

CAVINS: At least in my time. Now, in my great grandmother's time, of course, most of them had to make their own. That's different.

JS: Yeah. From weeds and herbs?

CAVINS: Oooh, I don't know.

JS: Some of those countries . . .

CAVINS: Some people would . . . they'd eat dandelion greens for some ailments and think that helped them. Maybe it did. I don't know, but I never ran into very much of that kind of thing that people were using. They might have been doing it and didn't say anything about it.

JS: Um hm. Some of your patients from out in the country must have had some interesting beliefs that maybe were kind of old-fashioned about their bodies?

CAVINS: Oh, well. You mean the herbs and things?

JS: Well, no, maybe myths that they clung to.

CAVINS: Oh, tales . . .

JS: Tales like . . .

CAVINS: Old-wives' tales.

JS: Yeah, like . . .

CAVINS: Well, sure they did. I don't know I can remember too many of them, but some of them used to put cobwebs on a bleeding place to stop the bleeding and that kind of business.

JS: What about scarring a baby if you're frightened when you're pregnant? Do you remember that one?

CAVINS: Oh, a lot of them used to believe that, that the baby would be marked and so on, and some people still do, I expect. But it's awful hard to erase some of those old myths and tales like that. But I think people are a lot more . . . of course, they're more educated now, and they realize that a lot of that stuff was just cooked up as an explanation for something that nobody knew the cause of. Just like in the old . . . back in Roman times, if you got struck by lightning, it was Jupiter throwing a thunderbolt at you. And it wasn't attributed to electricity jumping from the cloud to the ground or vice versa. So as science has progressed and we've found out the causes of things, why those old stories have disappeared. Because they were all invented to explain something.

JS: Yeah. Like getting pregnant at a certain time of the moon change.

CAVINS: Yeah, well, they were right about that. Not the moon exactly but a certain time in their cycle. And of course, women's cycle goes so much with the moon. It's almost the same, the average. Now many women are off several days from the average. Some of them have a 31-day cycle. Most of 'em have 27 to 29, around in there. Well, the moon is 29½, isn't it?

JS: Um hm.

CAVINS: So they found out about that . . . something about the moon; and, of course, they were simply using the moon as an indicator of their own cycle. That's all that was. And there's something to it. That's what the Catholic church's contraception program is based on, the rhythm method.

JS: Um hm. Rhythm. Yes.

CAVINS: Well, a cycle is a rhythm.

JS: Sure.

CAVINS: The moon has a rhythm. That's it.

JS: You mentioned a woman doctor, Maude somebody -- I can't remember her last name.

CAVINS: Her name is not Maude but Madge.

JS: Oh, Madge?

CAVINS: Madge Stevens. That was her name.

JS: Madge Stevens. And what kind of a doctor was she?

CAVINS: I think it was S-t-e-v-e-n-s. I don't know. I don't know whether she was an eclectic or an allopath or what.

JS: O.K. Were there any other women doctors practicing here early when you first came?

CAVINS: No. We had a woman doctor in the clinic that was a pathologist -- Dr. Selsam. I told you about her.

JS: Oh, yes.

CAVINS: Well, let's see. There was . . . well, of course, Dr. Dukes has been for a long time down in Dugger.

JS: Yeah, but . . .

CAVINS: And we've had dealings with her a lot. And McClure in Sullivan and so on.

JS: No, I mean early.

CAVINS: Not too many here.

JS: Not too many here?

CAVINS: No. No.

JS: O.K. Did you ever use placebos?

CAVINS: Placebos?

JS: Um hm.

CAVINS: Oh, sure. Everybody from Hippocrates on has done that. All of the doctors. That's no . . . that's no . . . well I don't know what to say.

JS: That was a common practice when you were first practicing and still is.

CAVINS: Well, it's not a practice so much; it's a method. (laughs) And that is a method of psychotherapy. That's what it is.

JS: O.K.

CAVINS: Perfectly legitimate. You're not harming anybody that way.

JS: No. That's right.

CAVINS: And . . . oh, yeah.

JS: O.K. Do you think of anything else you would like to add?

CAVINS: One thing about placebos . . . somebody, somewhere along the line, some eager reporter -- there's many a reporter now in journalism that specializes on popular medical subjects . . .

JS: Yeah.

CAVINS: . . . or medical subjects for popular consumption. Let's put it that way.

JS: Yeah.

CAVINS: And they have dwelt on some things that they should have let alone or passed over. Placebos is one of them. Some of them write about placebos as if it's really a crime to give a placebo to a patient, you know. Well, "it's awful." And you're deceiving them and this and that and the other thing. And you really ought to ask forgiveness or something. Well, that's the wrong point of view and it just . . . they are creating more harm than good by that kind of thing.

JS: Sure.

CAVINS: Because too many people have been helped by them for them to be wholly bad.

JS: O.K. I want to thank you, Dr. Cavins, for helping us out this afternoon.

END OF TAPE.

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